



PHILIP L. BROWNING
Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

October 4, 2012

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

From: Philip L. Browning
Director

A handwritten signature in blue ink, appearing to be "P. Browning", written over the printed name and title.

**O'CONNER & ATKINS HOME GROUP HOME CONTRACT COMPLIANCE
MONITORING REVIEW**

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of O'Conner & Atkins Home (O'Conner & Atkins) in March 2012, at which time they had one six-bed site and six male placed DCFS children.

O'Conner & Atkins is located in the Second Supervisorial District and provides services to Los Angeles County DCFS foster children. According to O'Conner & Atkins' program statement, its purpose is "to enable these children to increase their independent skills and decrease their maladaptive behaviors in order to gain the skills necessary for successful adult adjustment." O'Conner & Atkins is licensed to serve a capacity of eight children, ages five through 17.

For the purpose of this review, a sample of four currently placed children was selected, their case files were reviewed, and the children were interviewed. The placed children's average length of placement was seven months and their average age was 11. The files of three discharged children were reviewed to determine if the destination of placement was per their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at the time of discharge. Four staff files were reviewed for compliance with Title 22 Regulations and the County contract requirements.

"To Enrich Lives Through Effective and Caring Services"

Two children were prescribed psychotropic medication. We reviewed their case files to assess timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm that documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess O'Conner & Atkins' compliance with its County contract and State regulations. The visit included a review of O'Conner & Atkins' program statement, administrative internal policies and procedures, four DCFS placed children's case files, three discharged children's case files and a random sampling of personnel files. A visit was made to the facility to assess the quality of care and supervision provided to children, and we conducted interviews with the children to assess the care and services they were receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Overall, the children interviewed indicated that they were provided with good care and appropriate services, were comfortable in their environment and were treated with respect and dignity. The direct care staff stated that they had open communication with the placed children and did their very best to address the children's needs in a timely manner.

There were deficiencies noted during the monitoring review. O'Conner & Atkins needed to complete sign-in/sign-out logs properly and develop comprehensive NSPs to include all the required information. Further, O'Conner & Atkins needed to obtain, or document efforts to obtain, the DCFS Children's Social Workers' (CSWs') authorizations to implement the NSPs. Additionally, O'Conner & Atkins needed to ensure placed children make progress toward achieving their NSPs case goals; provide the children with opportunities to participate in age-appropriate extra-curricular, enrichment and social activities; allow the children to be involved in the selection of their own clothing and be free to attend religious services of their choice. O'Conner & Atkins also needed to ensure that staff members who have direct contact with children receive timely health-screenings.

O'Conner & Atkins' administration was receptive to implementing some systemic changes to improve compliance with regulations and the contract. The Administrator and his management staff agreed to address noted deficiencies in a Corrective Action Plan (CAP).

NOTABLE FINDINGS

The following are the notable findings of our review:

- The resident sign-in/sign-out log was not always properly completed. The Administrator stated that an in-service training would be held for all staff members regarding the procedure for signing residents in and out of the facility, including mandatory staff signatures, dates/times when youth leave and return to the home. The Administrator ensured that effective immediately, the sign-in/sign-out log would be properly completed. The in-service training was conducted on April 9, 2012.
- Two of 11 reviewed NSPs did not contain the CSWs' signatures, or it was noted that staff was late in obtaining the DCFS CSWs' authorizations to implement the NSPs. The Administrator stated that O'Conner & Atkins' Group Home Social Worker (GHSW) will fax the NSPs to the CSWs in a timely manner. If there is no immediate response by the CSWs, several attempts to contact the CSWs will be made. Documentation of staff efforts to contact the CSWs, such as fax confirmation sheets, will be filed with the child's case file.
- None of the 11 NSPs reviewed were comprehensive in that they did not include all the required elements in accordance with the NSP template. The NSPs did not include specific and measureable treatment goals as they related to permanency, life skills, and visitation. Some NSP quarterly sections lacked detailed information regarding progress toward the identified treatment goals, or the child's status was not updated. Additionally, the identified treatment goals needed to be broken down into smaller tasks in order to be accurately implemented and assessable for future evaluation.

The Administrator stated that O'Conner & Atkins' GHSW attended the OHCMD's NSP training in January 2012. Effective immediately, the treatment team will create more detailed and comprehensive reports. The GHSW will also complete a review of all chart documentation, report cards, visitation logs and SIRs for each child for the period required. This will ensure that the GHSW addresses all required areas of the NSP report. The GHSW would also ensure more detail is provided in the updated NSPs, regarding the children's progress, quality of family visits, and all medical treatments received.

- Two of four children, who were interested in attending religious services, were not offered the opportunity. The Administrator stated that all residents of O'Conner & Atkins will be offered the opportunity to attend religious services and activities of their choice. O'Conner & Atkins will ensure, at the time of intake that all children are made aware of their right to attend religious services and activities of their choice and this information will be included in the O'Connor and Atkins' Personal Rights Agreement, which is given to and signed by the children and the children's CSWs at the time of placement.

- None of the children were given opportunities to participate in age-appropriate extra-curricular, enrichment, and social activities in which they have an interest. The Administrator stated all O'Conner & Atkins staff will encourage children to participate in age appropriate extra-curricular, enrichment, and social activities in which they have an interest. During monthly activity planning meetings, children will be asked for their input and suggestions. O'Conner & Atkins staff will document requests and show steps taken to follow through with the requests. All requests will be submitted to the Administrator for further review and approval.
- None of the children were consistently offered the opportunity to be involved in the selection of their clothing. The Administrator stated that O'Conner & Atkins will ensure that children are involved in the selection of their clothing. A monthly outing for clothes shopping will be scheduled by the Administrator, at which time the children will be given the opportunity to select clothing of their choice.
- Three reviewed discharged children's files revealed that two of the three children were not discharged according to their permanency plan, and one child was not successfully meeting all of his NSP goals prior to his discharge. The Administrator stated that O'Conner & Atkins will take all necessary treatment measures to assist clients with setting and meeting their goals. The treatment team will have monthly meetings to discuss client progress and response to treatment.
- Two staff members did not receive timely initial health-screenings. The Administrator stated that O'Conner & Atkins will correct this issue and address it in their Corrective Action Plan (CAP).

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held March 22, 2012:

In attendance:

Tony Chustz, Administrator of O'Conner & Atkins Home and Jui Ling Ho, Monitor, DCFS, OHCMD.

Highlights:

The Administrator was in agreement with our findings and recommendations. He stated this review provided O'Conner & Atkins with the opportunity to improve their documentation in the NSPs, sign-in/out logs, as well as encourage the staff to ensure that the discharged children are successfully meeting all of their NSP goals prior to discharge. He also expressed that staff members will continue to make every effort to

ensure that all children are free to attend religious services and activities of their choice, and are offered the opportunity to be involved in selection of their clothing.

O'Conner & Atkins provided an approved CAP addressing each recommendation noted in this compliance report. The approved CAP is attached.

We will assess for full implementation of recommendations during our next monitoring review.

If you have any questions, please call me or your staff may contact Aldo Marin, Board Relations Manager at (213) 351-5530.

PLB:RRS:KR
EAH:PBG:jlh

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Board of Directors, O'Conner & Atkins Home
Virginia O'Conner, Executive Director, O'Conner & Atkins Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

**O'CONNER & ATKINS HOME GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

2010 West 41st Drive
Los Angeles, CA 90062
License Number: 191871781
Rate Classification Level: 7

| | Contract Compliance Monitoring Review | Findings: March 2012 |
|-----|---|---|
| I | <u>Licensure/Contract Requirements</u> (9 Elements) <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Transportation 3. Special Incident Reports (SIR) 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies 9. Detailed Sign In/Out Logs for Placed Children | <ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed |
| II | <u>Facility and Environment</u> (6 Elements) <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food | Full Compliance (ALL) |
| III | <u>Maintenance of Required Documentation and Service Delivery</u> (13 Elements) <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Children Progressing Toward Meeting NSP Case Goals 6. Development of Timely Initial NSPs | <ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance |

| | | |
|----|---|--|
| | <ul style="list-style-type: none"> 7. Development of Comprehensive Initial NSPs 8. Therapeutic Services Received 9. Recommended Assessment/ Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Children Assisted in Maintaining Important Relationships 12. Development of Timely Updated NSPs 13. Development of Comprehensive Initial/Updated NSPs | <ul style="list-style-type: none"> 7. Improvement Needed 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Improvement Needed |
| IV | <p><u>Educational and Workforce Readiness</u> (8 Elements)</p> <ul style="list-style-type: none"> 1. Children Enrolled in School Timely 2. Children Attending School 3. Children Facilitated in Meeting Educational Goals 4. Children's Academic or Attendance Increased 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. Children's Participation in YDS Encouraged | Full Compliance (ALL) |
| V | <p><u>Health And Medical Needs</u> (6 Elements)</p> <ul style="list-style-type: none"> 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-Up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams Timely | Full Compliance (ALL) |
| VI | <p><u>Psychotropic Medication</u> (2 Elements)</p> <ul style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review | Full Compliance (ALL) |

| | | |
|------|--|--|
| VII | <p><u>Personal Rights And Social/Emotional Well-Being</u> (15 Elements)</p> <ol style="list-style-type: none"> 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treat Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Fair Consequences 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication 11. Children Aware of Right to Refuse Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (Group Home, School, Community) 15. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities | <ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance 15. Improvement Needed |
| VIII | <p><u>Personal Needs/Survival And Economic Well-Being</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book | <ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance |
| IX | <p><u>Discharged Children</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement | <ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Full Compliance |

| | | |
|---|---|--|
| X | <p><u>Personnel Records</u> (14 Elements)</p> <ol style="list-style-type: none"> 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. CACIs Submitted Timely 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health-Screening Timely 7. Valid Driver's License 8. Signed Copies of Group Home Policies and Procedures 9. Initial Training Documentation 10. One-Hour Child Abuse and Reporting Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation | <ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance |
|---|---|--|

**O'CONNER & ATKINS HOME GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW**

**2010 West 41st Drive
Los Angeles, CA 90062
License Number: 191871781
Rate Classification Level: 7**

The following report is based on a "point in time" monitoring visit and addresses findings noted during the March 2012 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, O'Conner & Atkins Home (O'Conner & Atkins) was in full compliance with four of 10 sections of our Contract Compliance review: Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; and Psychotropic Medication. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of four children's case files and/or documentation from the provider, O'Conner & Atkins fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

We found that the resident sign-in/sign-out log was not always properly completed. The Administrator stated that an in-service training would be held for all staff members regarding the procedure for signing residents in and out of the facility, including mandatory staff signatures, dates/times in and out, and effective immediately, he would ensure the sign-in/sign-out log is properly completed. The in-service training was conducted on April 9, 2012.

Recommendation:

O'Conner & Atkins' management shall ensure:

1. The resident sign-in/sign-out log is always properly completed.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of four children's files and/or documentation from the provider, O'Conner & Atkins fully complied with nine of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

It was noted that two of 11 required Needs and Services Plans (NSPs) were not in compliance with the County contract requirement for obtaining the DCFS Children's Social Workers' (CSWs') authorizations to implement the NSPs. Further, two of four sampled children were not progressing toward meeting their NSPs' goals. Additionally, none of the 11 NSPs reviewed were comprehensive in that they did not include all the required elements in accordance with the NSP template. The NSPs did not include specific and measureable treatment goals as they related to permanency, life skills, and visitation. Some NSP quarterly sections lacked detailed information regarding the progress toward the identified treatment goals or child's last status update.

The Administrator stated that the O'Conner & Atkins Group Home Social Worker (GHSW) will fax the completed NSPs to the CSWs in a timely manner. If there is no immediate response by the CSW(s), several attempts to contact the CSW(s) will be made. Documentation of staff efforts to contact the CSWs, such as fax confirmation sheets, will be filed with the child's case file.

The O'Conner & Atkins' GHSW attended the OHCMD NSP training in January 2012. The treatment team has since created more detailed and comprehensive reports. The GHSW will also complete a review of all chart documentation, report cards, visitation logs and SIRs for each child for the period required. This will ensure that the GHSW addresses all required areas of the NSP report. The GHSW would also ensure more detail is provided in the updated NSP reports, regarding the child's progress, quality of family visits, and all medical treatment received.

Recommendations

O'Conner & Atkins's management shall ensure:

2. Staff obtains or documents efforts to obtain the DCFS CSW's authorization to implement the NSP.
3. All placed children are progressing towards meeting their NSP goals.
4. Initial and updated NSPs/Quarterly Reports are comprehensive and include required information.

PERSONAL RIGHTS AND SOCIAL /EMOTIONAL WELL-BEING

Based on our review of four children's files and/or documentation from the provider, O'Conner & Atkins fully complied with 13 of 15 elements reviewed in the area of Personal Rights and Social/Emotional Well-Being.

We found that two children who were interested in attending church services and activities were not offered the opportunity to participate in religious services of their choice. The Administrator stated that, effective immediately, O'Conner & Atkins will ensure that at the time of intake, all children are made aware of their right to attend

religious services and activities of their choice. The information will be included in the O'Connor and Atkins' Personal Rights Agreement, which is given to and signed by the child and the child's CSW at the time of placement.

The review also revealed that none of the four reviewed children were given opportunities to participate in age-appropriate extra-curricular, enrichment and social activities in which they had an interest. The Administrator stated that all staff will encourage the placed children to participate in age-appropriate extra-curricular, enrichment, and social activities in which they have an interest. During monthly activity planning meetings, children will be asked for their input and suggestions. O'Conner & Atkins staff will document requests and show steps taken to follow through with the children's requests. All requests will be submitted to the Administrator for further review and approval.

Recommendations:

O'Conner & Atkins' management shall ensure:

5. The children are free to attend religious services and activities of their choice.
6. All children are allowed an opportunity to participate in age-appropriate extra-curricular, enrichment and social activities in which they have an interest.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Based on our review of four children's files and/or documentation from the provider, O'Conner & Atkins fully complied with seven of eight elements reviewed in the area of Personal Needs/Survival and Economic Well-Being.

Four children reported that they were not provided with opportunities to select their own clothing. The Administrator stated that O'Conner & Atkins will ensure that children are involved in the selection of their clothing. A monthly outing for clothes shopping will be scheduled by the Administrator, at which time the children will be given the opportunity to select clothing of their choice.

O'Conner & Atkins' management shall ensure:

7. All children are provided with opportunities to select their own clothing.

DISCHARGED CHILDREN

Based on our review of three children's files and/or documentation from the provider, O'Conner & Atkins fully complied with one of three elements reviewed in the area of discharged children.

Our review revealed that two of the three reviewed discharged children were not discharged according to their permanency plans; and one of the three discharged children was not successfully meeting all of the NSP goals prior to discharge. The Administrator stated that O'Conner & Atkins will take all necessary treatment measures to assist children with setting and meeting their stated goals. The treatment team will have monthly meetings to discuss children's progress and response to treatment.

Recommendations:

O'Conner & Atkins' management shall ensure:

8. All children are discharged according to the permanency plan.
9. All children make progress toward meeting their NSP goals prior to discharge.

PERSONNEL RECORDS

Based on our review of four staff personnel files and/or documentation from the provider, O'Conner & Atkins fully complied with 13 of 14 elements in the area of Personnel Records.

Two staff members did not receive timely health-screenings. The Administrator agreed that all newly hired staff members will have health-screenings completed according to Title 22 Regulations.

Recommendation:

O'Conner & Atkins' management shall ensure:

10. All staff members receive timely health-screenings.

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REVIEW

Objective

Determine the status of the recommendations reported in our prior monitoring review.

Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report was issued on March 15, 2012.

Results

The OHCMD's prior monitoring report contained 11 outstanding recommendations. Specifically, O'Conner & Atkins was to ensure: All SIRs were documented and cross-reported; a computer was readily available to the children; the group home site was maintained and in good repair in accordance with the Title 22 Regulations; the NSPs were comprehensive and included all required elements; the children were included in the development of their NSPs; documentation was maintained as verification that DCFS CSWs approve the implementation of the NSPs; copies of current report cards/progress reports were maintained in all children's case files; and all children were allowed an opportunity to participate in age-appropriate extra-curricular enrichment and social activities. In addition, O'Conner & Atkins also needed to ensure that all children's medical and dental examinations were done in a timely manner; current psychotropic medication authorizations were obtained and maintained in the case files; and all children are provided with opportunities to select their own clothing.

Based on our follow-up of these recommendations, O'Conner & Atkins fully implemented seven of 11 recommendations. O'Conner & Atkins did not implement the Auditor-Controller's (A-C) and OHCMD's recommendations regarding the development of comprehensive NSPs with all required elements; maintaining documentation as verification that DCFS CSWs approve the implementation of the NSPs; ensuring all children are allowed an opportunity to participate in age-appropriate extra-curricular enrichment and social activities; and providing children with opportunities to select their own clothing. Corrective action was requested of O'Conner & Atkins to further address the recommendations.

Recommendation:

O'Conner & Atkins' management shall ensure:

11. Full implementation of the outstanding recommendation from OHCMD's prior monitoring report, which is noted in this report as Recommendations 2, 4, 6 and 7.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of O'Connor & Atkins has not been posted by the A-C.

O'CONNER'S GROUPTHOME

Fax

To: -Zi7 16_1 14814 From: I . ek atS*2_

Fax: 64...

Pages:

Phone: (0.2z-541 - 141 te Date: May 7. 2012

Re:

CC:

0 Urgent

For Review

0 Please Comment

0 Please Reply

C Please Recycle

Comments:

2010 West 41st Drive

Los Angeles, CA 90062

OFFICE: 323-294-7305

FAX 323-294-8602

0th ce (Tow

O'Conner and Atkins Group Home, INC

2020 west 41st Drive Los

Angeles, CA 90062

, (323)294-7305 (HOME)

(323)296-3230 (FAX)

Department of Children and Family Services

Out of Home Care Management Division

9320 Telstar Ave #206

LI Monte, CA 91731

(626)569-6885

(626)572-2368 (FAX)

Jui-Ling Ho, M.S.W.

Patricia Bulanos- Gonzalez, Manager

O'Conner and Atkins Group Home is submitting a Corrective Action Plan for deficiencies for the monitored dates March 6, 7, 8, 2012,

Licensure/Contract Requirements.

Element # 9: Client sign in/out Log not always adequately completed.

The plan is as follows:

On April 9, 2012 there was an in-service led by AdministratorMMIII/ to train all staff on the sign in/out-Client Sign out procedures. The importance of the time out/ time return, date and signatures' of all visitors and those who escort clients off ground was the topic. Each staff on duty is now retrained and is immediately responsible for monitoring visitors and client sign-in and sign out. OAGI-1 staffs to ensure all sign-in and out forms are filled completely, and staff on duty is responsible for signing off in the log. On Monday mornings, Administrator/MEM or Facility Manager 11111MIIIMINIMIIwill check weekend logs to make sure there is no missing information. All other days, logs will be checked daily by Administrator **gig** , In the event that there is, missing or omitted data, Administrator will follow up with the staff on duty to update and/or correct the log. This action will be ongoing to remain in compliance with corrective action plan,

III. Maintenance of Required Documentation and Service Delivery.

Element # 17: Late or missing signatures from CSW.

The plan is as follows:

Effective immediately and ongoing, OAGH House Social Worker, 111111111.1111111111 upon completion, will fax Needs and Services Plans to CSW in a timely manner. If no immediate response, there will be several attempts made along with follow up phone calls. Documentation such as fax conformation sheets will be noted and filed when CSW's do not respond with signatures. Administrator 1111111111111111 will follow up with CSW.

Element ft's 20, 22, 28: Not progressing toward meeting the NSP case goals. NSF not comprehensive.

OAGH Social Worker INIMMINI. attended the County training for Needs and Service Plans on January 20, 2012, to better understand the language contained in the NSF and Quarterly Report and to have a collaborative approach to developing comprehensive NSP/Quarterly reports.

DAGH will immediately assure that the clients are working toward meeting NSP Goals by monitoring and documenting progress. Per the training attended by OAGH Social Worker 11111Miniiii111 and the treatment team, will set goals that are attainable, reasonable and measurable. OAGH will implement the "SMART" goals for clients.

SMART goals are: Specific knowledge of behaviors being targeted for change.

Measureable that can be observed and counted and that means by which behaviors are to be exhibited and measured are stated.

Attainable, which the client can reasonably be expected to accomplish, commit to and perform.

Result Oriented, the planned client services, which will result In the Service Objectives being accomplished.

Time Limited by the dates set for accomplishing the service objective and steps.

OAGH will assure that detailed visitation plans are set up and included in the NSF.

OAGH will assure that the Psychological and Counseling information are included in the NSP.

OAGH will assure that all the identified treatment goals are broken down into small task in order to be accurately implemented and assessable for future evaluations. These goals will also be measurable and child specific.

OAGH will assure that information is not listed in areas that are Non Applicable to that client.

OAGH will assure that all information in PMA is accurate and updated in the NSP.

Administrator1111.1111111Mand OAGH Social Worker will ensure that NSP's will be completed properly and treatment services are provided according to the Program

Statement that was designed for OAGH and the Corrective Action Plan remains implemented and is working as intended.

Personal Rights and Social/Emotional Well-Being.

Element # 54: Attendance of religious services.

Effective immediately, all clients of OAGH will continue to be notified of their rights to attend Religious services and activities.

Administrator/IMM has included this in the client /CSW Personal Rights agreement, which is to be signed by clients and clients' CSW. Personal Rights agreement signed by client and clients' CSW will be filed.

Element #61: Age appropriate extra-curricular activities__

Effective immediately, all staff of OAGH will encourage clients to partake in age appropriate extra-curricular, enrichment and social activities in which they have interest. During monthly activity planning meetings, clients will be asked for their input and suggestions. OAGH staff will note and document request and show steps taken to follow through request. All request to be submitted to Administrator/111111.1 for further review.

VII. Personal Needs/Survival and Economic Well-Being.

Element #65: Clients involved in clothing selection.

Effective immediately, clients of OAGH will accompany staff, monthly to stores to assist with personal input on taste for clothing. Each Client will be reminded that he has a monthly allotment of \$50.00 and may choose clothing specific to his needs or desire. Clients will also sign receipts of clothing received and receipt will be filled in clothing log. The clothing log will be reviewed monthly by Administrator.MM

1X. Discharge Children.

Element Ws 70, 71: Discharge

Effective immediately, OAGH Social Worker will make sure discharge summaries are completed with information that is consistent with all information from the 709, and/or minute order Permanency Plan from DCFS and Court. A change in the discharge form will assist that all important information required by Title 9, Section 29227. OAGH staff along with...NM will monitor and document to make sure client has worked toward meeting their NSP goals. This information will be included on discharge summaries.

Administrator/IIII.IIIIIIIINI will review all discharge summaries. OAGH Social Worker MIMI QOM attended county wide training on January 20, 2012 for Needs and Service Plans. This will help the treatment team to set goals that are measurable and maintainable by clients.M.1.11111b along with the treatment team, will also note and document progress, and continue to help encourage clients to meet goals.

X. Personnel Records.

Element ti 78: Timely Health Screening.

Effective immediately, all newly hired staff members of OAGH will have Health-Screening reports completed one year prior to employment or may be given up seven days after employment. Typically, CAGH will ensure that that new employees have Health-Screens prior to employment and keep documents in respective Personnel File. AdministratorMIP t will review all staffing documents prior to employment.

Sincerely,

A stylized handwritten signature in black ink, appearing to read 'k4' with a large, sweeping initial 'C' or 'k'.

Tony Chusti, Administrator